



CITYBLOCK HEALTH
495 FLATBUSH AVENUE 5C
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Testimony for the FY2027 Joint Legislative Budget Hearing on Health and Medicaid

February 10, 2026

Thank you for the opportunity to submit written testimony on the Fiscal Year (FY) 2027 Executive Budget impacting the roughly six million New Yorkers currently enrolled in Medicaid. Specifically, we would like to offer our support for the proposals to expand the community-based paramedicine demonstration program to allow new applicants; expand the scope of practice for medical assistants, certified medication aides, nurse practitioners, and physician assistants; and transfer oversight of licensed health professions from the State Education Department (SED) to the Department of Health (DOH). Please accept the following comments from Cityblock Health, Inc. and Oluwatoyin Ajayi Medical Practice, P.C. d/b/a Cityblock Medical Practice collectively referred to as (“Cityblock”).

Cityblock is a value-based healthcare provider focused on the complex clinical, behavioral health, and social needs of dually eligible and Medicaid recipients. Cityblock offers a fully integrated solution that directly delivers clinical care to one of the most at-risk and hardest to reach populations. Powered by advanced technology that provides its care team with a data-driven understanding of member needs and risks, Cityblock has demonstrated industry-leading engagement, member retention, meaningful reductions in avoidable hospital readmissions, and reduced total cost of care.

Cityblock currently serves more than 100,000 members, and partners with national and regional Medicaid health plans and health systems across more than ten states. Within Cityblock’s patient membership, 86% are either Medicaid or dually eligible beneficiaries, 83% experience two or more chronic conditions, and 59% have behavioral health needs. We make it our mission to ensure we deliver care that is longitudinal and all-encompassing, including understanding and addressing any issues that impede a patient’s ability to access care and live a healthy life. This comprehensive approach to health and wellness requires multidisciplinary care teams working in alignment to help and empower patients to meet their goals and live healthier lives. Cityblock has provided our multi-modal care model in New York since 2018 with a Neighborhood Hub, or clinic, in Bed Stuy for members who prefer to visit a clinic. We also provide care in the District of Columbia, Florida, Illinois, Indiana, Maryland, Massachusetts, Michigan, North Carolina, Ohio, and Virginia.



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We support the proposal to develop an expanded definition of emergency medical services and a new “mobile integrated healthcare” service model, authorizing EMS providers to perform their scope of practice in non-emergent settings, to promote care through improved access to primary and urgent care - including in underserved communities.

In states where it is legally permissible, Cityblock provides in-home care, delivering services to members wherever they are located. These visits encompass essential services such as medical intervention, physical assessments, medication administration, and connections to advanced practitioners or clinicians if needed. In-home care is crucial for overcoming common member barriers to access, including transportation difficulties, scheduling conflicts, and lack of childcare. Furthermore, direct in-home care promotes appropriate use of care settings for ambulatory or lower-acuity conditions.

Some states have permanent authorization of mobile integrated care (MIC) and/or facilitated primary care, defined at Cityblock as:

- **Facilitated Primary Care:** In-home clinical visits that may include physical exams (i.e., assisting a virtual physician or advanced practice provider), medication administration, lab draws, and more, with findings transmitted to centrally-located PCPs, as well as tablets to connect members virtually with behavioral health providers
- **ED@Home:** In-home evaluation and treatment for non-life threatening needs, often reducing avoidable ED use

Over the course of one year, in multiple states, Cityblock conducted more than 14,000 hybrid virtual/in person visits over all Cityblock markets. Additionally, a recent Cityblock study¹ highlighted the power of virtual and mobile in-home acute care as a vital component for value-based payment models, significantly enhancing member engagement and realizing goals of improved cost and outcomes among populations with complex medical and social needs. Notable results include:

- **27% reduction** in inpatient (IP) admissions

¹ Mehta, R., Sellinger, D., Tang, M., & Dayan-Rosenman, D. (2025). Additive Impact of Virtual Urgent and Emergency Department at Home Care on Value-Based Primary Care for Medicaid and Dual-Eligible Members. Population Health Management. <https://doi.org/10.1089/pop.2024.0232>



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- **61% reduction** in readmissions
- **240% increase** in engagement with primary care and coordination
- **\$550 PMPM decrease** in total cost of care

For our MIC and facilitated primary care services, we use Advanced Community Care Clinicians (ACCs) in order to maximize the number of patients that we can reach and to assure that our workforce is working at the top of their licenses and/or certifications. Emergency Medicine Physicians and Advanced Practice Providers, such as nurse practitioners or physician assistants, are available virtually so that each visit is managed in a high quality and safe manner. Our facilitated primary care team enhances care coordination; they are part of our patient's overall care team, so we have seamless feedback loops with each care team. The following examples highlight how our program is particularly effective in helping our patients with respiratory tract infections or diabetes receive care safely at home.

- In 2025, approximately 20% of all acute care encounters were driven by respiratory tract infections, representing a significant portion of our clinical volume. By leveraging a high-fidelity model of virtual and in-home care, Cityblock successfully managed the vast majority of these cases without resorting to higher levels of care. Through the deployment of point-of-care testing, breathing treatments, and comprehensive lung examinations, we provided hospital-level intervention directly within the comfort of the home. These efforts were critical in avoiding unnecessary emergency department and hospital utilization, ensuring members remained stabilized even during peak respiratory surge seasons.
- Numerous Cityblock patients with diabetes present with hyperglycemia and require treatment and increased doses of insulin. Sometimes ACCs will be with patients for extended periods of time to administer treatment, under physician direction, to reduce their blood glucose level. Staff can also draw labs and schedule follow-up appointments with their care team.

We also support the proposal to transfer oversight of all licensed health professions from the State Education Department (SED) to the Department of Health (DOH).

Streamlined oversight will allow DOH to effectively use all levers in the health care system when designing innovative care delivery models. This administrative change will allow for enhanced coordination between health professions and delivery settings as DOH will now be responsible for oversight of both health professions, including areas like scope of practice, and the facilities and settings in which these professions often work. Coordinating oversight under DOH will encourage innovative approaches to health care delivery by aligning key stakeholders in one department and minimizing silos.

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Innovative care design models like MIC can thrive when states, health plans, and providers are aligned around the same goals: improving patient health outcomes through delivery of whole-person, value-based care. We encourage legislators to support these budget proposals that will foster an aligned and flexible setting that encourages further growth of integrated, whole-person care for all New Yorkers.

We would be pleased to discuss any of these comments, and appreciate the opportunity to share them.

Sincerely,

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